

<b>2011 APPLICATION INSTRUCTIONS</b>
--------------------------------------

**SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY BOARD**

**CLINICAL FELLOWSHIP YEAR (CFY) REGISTRATION  
APPLICATION PACKET**

This application packet should contain the following information:

- 1.) Three (3) pages of instructions and information
- 2.) A three (3) page application form

If your application packet does not contain these items, please contact the Indiana Professional Licensing Agency at (317) 234-2064 or by email at [pla5@pla.in.gov](mailto:pla5@pla.in.gov). **PLEASE NOTE THAT YOU CAN OBTAIN A COPY OF OUR STATUTES AND RULES ON OUR WEBSITE AT <http://www.in.gov/pla/speech.htm>.**

**INSTRUCTIONS AND INFORMATION**

Before completing and submitting your application to the Indiana Professional Licensing Agency, please read all materials and information included with this packet. If you have any questions, please contact the Indiana Professional Licensing Agency at (317) 234-2064 or by email at [pla5@pla.in.gov](mailto:pla5@pla.in.gov). For additional information, please visit our website at [www.pla.in.gov](http://www.pla.in.gov).

**AGENCY ADDRESS**

Indiana Professional Licensing Agency  
Attn: SLPA Board  
402 West Washington Street, Room W072  
Indianapolis, Indiana 46204

**THE FAIR INFORMATION PRACTICE ACT**

In compliance with IC § 4-1-6, this agency is notifying you that you must provide the requested information or your application will not be processed. You have the right to challenge, correct, or explain information maintained by this agency. The information you provide will become public record. Your examination scores and grade transcripts are confidential except in circumstances where their release is required by law, in which case you will be notified.

**MANDATORY DISCLOSURE OF U.S. SOCIAL SECURITY NUMBER**

Pursuant to Section 7 of the Privacy Act of 1974, you are hereby given notice that disclosure of your U.S. Social Security number on this application is mandatory for the purpose of complying with IC § 25-1-5-8 and IC § 4-1-8-1 which provide that the Indiana Department of Revenue may obtain Social Security numbers from the Indiana Professional Licensing Agency for tax enforcement purposes. In addition, disclosing such number is mandatory in order for the Speech-Language Pathology and

Audiology Board to comply with the requirements of the federal National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank 42 U.S.C. §1320(a)-7e(b), 5 USC §552a, 45 CFR Part 60.1, and 45 CFR Part 61.

Failure to disclose your U.S. social security number will result in the denial of your application. Application fees are not refundable (***outlined in IC § 25-1-8-2(e)***).

## **APPLICATION FOR CLINICAL FELLOWSHIP YEAR (CFY) REGISTRATION**

### **LENGTH OF CLINICAL FELLOWSHIP**

The clinical fellowship may not exceed a maximum period of eighteen (18) consecutive months. The clinical fellowship shall consist of nine (9) months full-time employment or its equivalent. A clinical fellowship of fewer than fifteen (15) hours per week will not fulfill any part of the supervised experience requirement.

Registered clinical fellows who fail to complete their requirements within the allotted eighteen months must apply for a new CFY registration and the experience hours earned during the initial eighteen month period will not count toward the requirements for licensure.

### **CLINICAL FELLOWSHIP SUPERVISION**

Clinical fellowship supervision must entail the personal and direct involvement of the supervisor in any and all ways that will permit the clinical fellowship supervisor to monitor, improve, and evaluate the clinical fellow's performance in professional employment.

### **TRANSFER OF SUPERVISION**

If you have a change of supervision during the eighteen (18) month period, you must file a "Transfer of Supervision" application. You may obtain this application from our website located at <http://www.in.gov/pla/speech.htm>. After the application is received and processed, you will receive a new CFY certificate with your new supervisor listed.

### **AFTER COMPLETION OF CLINICAL FELLOWSHIP YEAR**

Upon completion of your CFY, you **may not** practice as a speech-language pathologist or an audiologist until you have been approved for licensure issued a license by the Indiana Professional Licensing Agency.

### **SUPERVISOR'S CURRENT LICENSE**

In order to supervise a clinical fellow, the supervisor must hold a current Indiana license as a speech-language pathologist or audiologist issued by the Speech-Language Pathology and Audiology Board. A clinical fellowship supervisor assumes professional responsibility for services provided by the clinical fellow under his or her supervision.

## **INSTRUCTIONS FOR COMPLETING YOUR CFY APPLICATION**

The application is to be completed by the Clinical Fellow and the Supervisor. Mail the completed application and fee to the Indiana Professional Licensing Agency.

**CLINICAL FELLOW:** Applicants must complete and sign pages 1 and 2 of the application and forward page 3 to your CFY supervisor.

**SUPERVISOR:** Supervisors must complete and sign page 3 of the application, entitled "Clinical Fellow Supervisor's Information".

**FEE:** Applicants must submit a fifty dollar (\$50) application/issuance fee, made payable to the Indiana Professional Licensing Agency. This fee may be submitted by cash, check or money order. We cannot accept payment by credit card. **All fees are non-refundable and non-transferable.**

**EDUCATION:** If your clinical fellowship begins prior to the date of graduation, you must submit a letter from the school which indicates that all requirements have been completed and the date the applicant will graduate – otherwise, official transcripts must be **submitted directly** from the university.

**PLEASE NOTE: YOU MAY NOT BEGIN YOUR CFY UNTIL YOUR APPLICATION HAS BEEN APPROVED AND YOUR REGISTRATION NUMBER HAS BEEN ISSUED.**

Please visit our website at <http://www.in.gov/pla/speech.htm> for more information.